

than 500 cubic centimeters, being the least that can be recognized (Cabot). Amounts of over 4,000 cubic centimeters have been reported.) However, this patient's signs and symptoms could not be brought under the term "Pick's disease."

To seek further, a paracentesis was done, and purulent fluid was obtained from the pericardial sac. Another was done and a clear fluid came from the right pleural cavity. The former had an organism, present on culture (hemolytic *Staphylococcus aureus*). The fluid from the pleural cavity was sterile. We were certain then of a suppurative pericarditis, caused by the above organism.

SUMMARY

In summarizing the diagnosis considered in this interesting case, we have, first, cellulitis of the right neck; second, an aleukemic phase of a usual myelogenous leukemia with cardiac and pericardial complications; third, Pick's syndrome; and fourth, the correct diagnosis, namely, acute suppurative pericarditis with an initial leukemoid blood picture, which was apparently subsequent to a bronchopneumonia. The offending organism was a hemolytic *Staphylococcus aureus*. It is of unusual interest that, although the pericardial effusion was purulent, both the right and left pleural effusions were clear and sterile originally. The right effusion cleared up on repeated simple aspiration. It was only after operative intervention with pericardial drainage that the left pleural effusion became purulent and required open drainage. Complete recovery followed open surgical drainage of both the pericardium and the left pleural sac; but had the infection been generalized rather than localized to the lungs and pericardium, the outcome would probably not have been so fortunate.

Box 631, Monterey.
Monterey County Hospital, Salinas.

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MINUTEMEN OF AMERICAN MEDICINE*

Q. Why was a question and answer digest prepared? [on the aims and objectives of the National Physicians Committee for the Extension of Medical Service.]*

A. The task that has been undertaken is of vast and vital importance. It affects every practicing physician. It is essential that every doctor understand the purpose and the methods of the institution.

Q. What fact or factors were responsible for the establishment of the National Physicians Committee for the Extension of Medical Service?

A. The twenty-five year trend in political thinking and legislation affecting medicine, medical practice and health.

Q. What was the influence of the report of the Interdepartmental Committee to Coördinate Health and Welfare Activities?

A. It resulted directly in the introduction in the Senate of the Wagner National Health Bill.

*A Question and Answer Digest and Exposition of the Origin, the Aims, Purposes and Methods of the National Physicians Committee for the Extension of Medical Service. (For editorial comment in this issue, see page 105.)

Note.—The *Detroit Medical Bulletin* has named the members of the National Physicians Committee for the Extension of Medical Service "The Minutemen of American Medicine." The designation is self-explanatory.

The institution was officially established as a nonprofit, nonpolitical trust on November 18, 1933.

For action by Council of California Medical Association concerning National Physicians Committee (approval) see in this issue on page 131, item 45.

†Address is: National Physicians Committee, 700 Michigan Avenue, Chicago, Illinois. John M. Pratt, executive administrator.

Q. What were the direct results of the introduction of this proposed legislation?

A. The Wagner National Health Bill—for the first time—brought to clear focus the real issue, namely, "*The Political Control of Medicine, Medical Practice and Hospitalization.*" It aroused the medical profession and allied interests to a realization of the imminence and the menace of a totalitarian regimentation of the medical profession.

Q. What were the reactions to the introduction of this legislation?

A. Its enactment was vigorously opposed on a nation-wide front by physician, lay and industrial groups which understood and believed in the development of medicine and medical practice on the basis of the pattern of a free and independent profession.

Q. What was the attitude of the American Medical Association on this issue?

A. On May 17, 1939, the House of Delegates of the American Medical Association unanimously adopted a resolution which reads, in part, as follows: "The American Medical Association would fail in its public trust if it neglected to express itself unmistakably and emphatically regarding any threat to the national health and well-being. *It must, therefore, speaking with professional competence, oppose the Wagner Health Bill.*"

Q. What was the influence on this issue of the Federal prosecution of the American Medical Association and its officers?

A. It was most important. The indictments which were voted were criminal indictments. The prosecution and the indictments were widely publicized in such a way as to lead the public to believe that the doctors were criminals and that American Medical Service was inadequate and ineffective.

Q. What was the final result?

A. Opposition to the passage of the Wagner National Health Bill became so widespread and so vocal—that it was never voted out of the subcommittee of Education and Labor.

Q. Is this legislation "dead"?

A. No. It is merely pending and could be voted out of committee at any time for consideration by the 76th Congress.

Q. What were the final conclusions of the various groups and interests that had been active in opposing this legislation?

A. (1) That there was real danger of legislation that would result in dangerous, revolutionary changes in our system of the free and independent practice of medicine.

(2) That there was a real problem to be solved in connection with the distribution of medical service and hospital facilities.

(3) That the public was uninformed or misinformed in connection with the aims, objects, methods and achievements of American Medicine.

Q. What was done about it?

A. Many conferences were held—conferences of physicians, conferences of representatives of the Pharmaceutical Manufacturing Industry, conferences by representatives of lay groups and joint conferences of representatives of many of the above.

The joint conferences resulted in a decision—"That it was essential to establish a new institution—A Nonprofit, Nonpolitical Organization devoted to:

1. *Maintaining ethical and scientific Standards and extending Medical Service to all the people.*

2. *Familiarizing the American public with the facts in connection with the methods and achievements of American Medicine.*"

This institution was named NATIONAL PHYSICIANS COMMITTEE FOR THE EXTENSION OF MEDICAL Service.

Q. How did it start?

A. Like all things it had to have a beginning. It started with two eminent physicians inviting ten other distinguished physicians to join with them to form an initial Executive Board.

Q. What was the next step?

A. On behalf of this Executive Board representative, distinguished members of the medical profession in the various states were invited to become members of a nation-wide, thoroughly representative Central Committee.

Q. How many physicians comprise the Central Committee?

A. As of January, 1940, more than three hundred, representing every state but two. It is growing rapidly. The names are listed on pages 3 and 4 of the letterhead.

Q. What is the next step?

9. The forming of state committees as divisions—thoroughly representative of all areas in each state. The officers of these state groups may then become the Board of Governors of the National Institution.

Q. What are considered to be the fields of operation?

A. Four distinct lines of activity are clearly indicated:

1. The clarifying and unifying of opinion within the ranks of the profession.

2. The development of coöperation with groups having special interests in the same general problem—dentists, hospitals, pharmacists, retail druggists, manufacturing pharmacists, etc.

3. The study and clarification of the problem of the "distribution of medical service"—the establishment of policy and formulating of program.

4. The broad-gauge educational effort—reaching the general public with the material, the facts, and the point of view of the physician and allied interests.

Q. What is the "Committee's Plan" for "Extending Medical Service to All of the People"?

A. The Committee has no arbitrary, mechanical or universally applicable plan. There is no panacea. The first steps have been taken in the process of concentrating the best minds in the profession and allied industries on the problem of the distribution of medical care in order to work out a solution.

Q. Why is there a need for any new organization—Why cannot all of this work be done by the American Medical Association?

A. There are definite reasons:

(1) The American Medical Association has performed and performs its invaluable service to the profession and the public on the basis and by virtue of broad-gauge, long-range planning. The present need is for speedy adaptation to a set of conditions that are constantly changing and varying widely according to areas involved. The American Medical Association could lose much of its prestige and materially lessen its effectiveness by attempts at adaptations to meet emergencies or by changes of policy on the basis of expediency.

(2) By virtue of its charter provisions and its program of operation over a period of more than ninety years, the American Medical Association has been accorded the status of a nonprofit, scientific, educational foundation. As such, it has been granted exemption from Income and Social Security taxation. A departure from established practice would, in all probability, entail the forfeiture of this status. This, in turn, would entail exorbitant taxation and lead to really serious complications.

(3) There are individuals and many lay groups that are as vitally affected by the immediately present trends and who are as much interested in the solution of the problems as are the physicians. The task is a gigantic one. The support of all interested in the solution should be enlisted. The American Medical Association, as such, could not ask for nor accept financial support from many of these. As a case in point, the findings of the Council on Pharmacy could not be kept free from suspicion if the American Medical Association were accepting substantial contributions from a drug manufacturer.

No one of these reasons would be sufficient, but the combination of all of them makes it obvious that the American Medical Association could not assume these new responsibilities without the practical certainty of serious complications and loss.

The National Physicians Committee for the Extension of Medical Service actively seeks the moral and financial cooperation of individuals and groups interested in the problem. It has assumed the great responsibility of attempting to coordinate the interests and activities of all interested in finding a practical solution.

Q. What is the official status of the Committee?

A. It was legally established as a nonprofit non-political trust on November 18, 1939.

Q. How is the institution financed?

A. It is financed wholly and exclusively by voluntary contributions.

Q. How many physicians have made contributions?

A. In a period of two months, contributions were received from approximately five thousand doctors.

Q. What are the amounts of these contributions?

A. Individual contributions vary in amounts from a minimum of \$1 in a few instances to \$100 or more. Of the funds placed at the disposal of the Committee from November 16 to January 15, the amounts, as percentages of the total, are:

| | Per Cent |
|--------------------------|----------|
| \$ 4.00 or less..... | 2.7 |
| \$ 5.00 to \$ 9.00..... | 26.0 |
| \$ 10.00 to \$24.00..... | 30.2 |
| \$ 25.00 to \$49.00..... | 13.3 |
| \$ 50.00 to \$99.00..... | 4.7 |
| \$100.00 or more..... | 23.1 |

Q. Can local medical societies contribute to the support of the Committee?

A. A number of county medical societies have assessed their members and made contributions for the Society as a group. These have varied in amounts of from a minimum of \$50 to more than \$100. A letter recently received is reproduced because it really answers the question:

Gentlemen:

It will interest you to know that the program of our Society, which has a membership of over five hundred physicians, included, at its last meeting, an explanation of the aims and objectives of the National Committee and that our group voted unanimously:

First, to endorse the personnel, aims, and objects of the Committee and

Second, to favor a contribution from the Society itself as well as its individual members, the amount of this contribution to be determined at our next meeting.

With cordial regards and best wishes for the success of our important undertaking.

Very truly yours,

Q. Can Clinics and Hospitals make contributions to the Committee?

A. Yes. A number of contributions have been received from clinics varying in amounts from \$100 to in one instance \$1,000. In some instances the business managers of clinics have collected amounts from the various members of staffs. One business manager forwarded 15 individual checks totaling \$247.50.

Q. How much money does the Committee need to carry on its work?

A. For the first year's operation, necessary expenditures have been budgeted on a basis of \$245,000. This should represent the minimum amount.

Q. Does this not seem to be a large amount?

A. It is a very great sum as related to any single office need. It is a very modest sum for the purpose of financing the necessary study and beginning a nation-wide educational effort.

Q. What has the Committee done?

A. From November 16, 1939, to January 1, 1940, the Committee produced and mailed:

| | |
|--|--------------------|
| Electrically typewritten letters..... | 25,878 |
| Processed letters | 455,012 |
| "Achilles Heel of American Medicine" | 230,000 |
| Questionnaires | 23,800 |
| Brochure, "Priceless Heritage".... | 154,000 |
| Folders, Pledges and other printed material | 1,468,800 |
| Or a total of letters, booklets, folders, etc., produced and distributed | (copies) 2,364,690 |

Q. How can a local physician help effectively in achieving the objectives of the Committee?

A. (a) Contribute financial support.

(b) Arrange through local medical society to make talks before: Rotary, Kiwanis—women's clubs, or other groups.

(c) Discuss the needs, aims, objects and methods of procedure with other physicians and at medical meetings.

(d) Discuss financial need with members of clinical or hospital staffs or managements.

(e) Discuss the medical problem, the function and objectives of the National Physicians Committee with the editor or editors of local papers. Hand them copies of literature and suggest editorial comment (see Note).

(f) Distribute copies of "Priceless Heritage" or other literature to patients and influential friends—get their comment, suggestions, and financial cooperation.

(g) Aid in forming a state division—keeping in mind that the ultimate objective is to reach every citizen—that he may come to realize his direct interest in the problem of medicine and health.

Note: Physicians in areas as widely separated as Danbury, Connecticut, Dallas, Texas, Los Angeles, California, have taken copies of the "Achilles Heel of American Medicine" and the brochure "Priceless Heritage" to local editors and secured editorial cooperation. Dr. M. A. Austin of Anderson, Indiana, was responsible for the following editorial being published in the Anderson *Sunday Herald* of January 14, 1940.

ON SOCIALIZED MEDICINE

The National Physicians' Committee is undertaking to put 5,000,000 copies of an unusual pamphlet in the hands of representative American people. The pamphlet is probably the best argument presented so far against socialized medicine, for it attacks it from an entirely different angle.

Socialized medicine according to this pamphlet is far more dangerous as an evidence of a political trend than

the actual results of its operation at the outset. It is a certain evidence of centralization of power in the hands of a few.

The "Priceless Heritage" of the American is: "The right to think without restraint and to voice thoughts with words without limitation or restriction." This, of course, is guaranteed in the Bill of Rights of the American Constitution.

Because of this right, so the pamphlet states, 130,000,000 Americans own twice as many automobiles as all the other two billion people in the world. By virtue of it, with one hour of labor, an American workman can buy twice as much bread as can an English or French workman and four times as much as a German. In the short span of 150 years, it has brought nine-twentieths of all the tangible wealth of the entire world to us.

And, because of this "right," a child born into the home of an average family will live years longer than a child born into a home in any other part of the world. This priceless gift—freedom—is operating in the field of medicine where it has wrought miracles. "Free men with fearless minds founded medical schools and colleges and established schools for study and research."

The progress in medicine is known to all. It has almost doubled the life span of an American, until today the life expectancy is sixty-two years. Typhoid fever has all but disappeared, smallpox has been robbed of its terror. Diphtheria is just a medical term now, no longer a scourge.

Centralized government which brings on socialized medicine, so the pamphlet says, would certainly retard progress. Research accomplishments would go out the window with freedom. Americans do not want this. Then they should fight against socialized medicine.

(Imagine, please, the cumulative effect of the frequent publication of such editorials in five thousand or more daily weekly newspapers throughout the United States. See your editor.)

Q. What is "Priceless Heritage"?

A. It is a small brochure that has been prepared with extreme care that endeavors to interpret the issue of "The political control of medicine" in terms of the general public interest.

Q. What is being done with this brochure?

A. It is being sent to physicians and others in lots of 10-25-50-100-500 or more copies. The physicians hand them to friends or send them with letters explaining the objectives and suggesting support. It is hoped that more than five million copies of this brochure will be placed, in this manner, in the hands of influential citizens.

Q. How many copies of "Priceless Heritage" have been asked for by doctors to use in this way?

A. To date more than 600,000.

Q. Can any physician secure copies of "Priceless Heritage" for distribution in this manner?

A. Yes. They are sent free of charge.

Q. Does not this free distribution entail substantial expenditures?

A. Generally, contributions exceed the cost of the literature asked for.

Q. Are other professions and interests helping in this effort?

A. Yes. It is expected that dentists, druggists, nurses, hospital officials and drug manufacturers.

will become interested and active in the long-range, nation-wide effort.

Q. Is it not true that the President of the United States has stated that he is opposed to the plan of medical service proposed in the Wagner National Health Bill?

A. Yes, he has so stated.

Q. Does not this official pronouncement indicate that the possibility of dangerous, revolutionary legislation is past?

A. In the present session of Congress probably—in the future, no. The official attitude of the Administration—as voiced by the President—is the result of three prime considerations:

1. 1940 is a presidential election year. The Wagner National Health Bill, if enacted into law, would necessitate the expenditure of huge sums—ultimately possibly as much as \$3,000,000,000 per year.—The expenditures would further unbalance the budget. As a political issue it is unpopular.

2. Vast sums are desired by the Administration for national defense. Diverting substantial amounts for expenditure for public health would lessen the chances of securing them or result in reducing the amounts that might be voted by the Congress for this purpose.

At this time the National Defense issue is more popular and of greater political value than the so-called Health Issue.

3. Opposition to the Wagner National Health Bill became so widespread and effective that it became evident that its advocacy was temporarily politically injudicious. *This in no way affects the issue. It simply means that action is temporarily postponed and the real problem remains to be solved. It is essential that the public be informed—so that when the test comes it will know the facts.*

Q. Have medical journals published articles or editorials dealing with the National Physicians' Committee for the Extension of Medical Service?

A. Yes. On December 2 the AMA Journal carried the story of the organization of the institution.

In the December issue of CALIFORNIA AND WESTERN MEDICINE, Dr. George Kress ran a one-half page editorial and republished—verbatim—the text of the brochure—"The Achilles Heel of American Medicine."

During December and January practically every medical journal and bulletin published comment.

No enterprise in the range of human experience can rank with learning. By it alone man rises above dumb creatures. If, therefore, we have received nothing else so good as the mind, what should be more worth cultivating? No quest of gold or worldly power has, in the long run, ever brought like gratification. No other adventure is to be compared with it. Through it civilization and all man's higher achievements have been won.—Leon J. Richardson.

Life is not mere living, but the enjoyment of health.—Martial.

CLINICAL NOTES AND CASE REPORTS

PSEUDOMUCINOUS CYST OF OVARY WITH ASSOCIATED OVARIAN DERMOID

By H. E. BOWLES, M. D.
Honolulu, Hawaii

STATISTICS vary somewhat as to the incidence of pseudomucinous ovarian cysts, as compared with the serous type. In a total of 331 cases of ovarian cysts operated on by himself, T. Wilson¹ found 144, or 43.5 per cent, to be pseudomucinous cystadenomata. According to Taylor,² various other writers give the incidence of this type of ovarian cyst as from 30.6 to 53.6 per cent of all ovarian newgrowths. Forty-five per cent is considered a good general average. Masson and Hamrick,³ in a series of thirty cases of pseudomucinous ovarian cysts, found six, or 27.2 per cent, of the benign cysts to contain papillomata.

Very little mention is made anywhere of the co-existence in the same tumor mass of a pseudomucinous ovarian cyst with a dermoid. Clear-cut case reports seem to be almost absent in recent literature, except for that of R. Wilson and Sims,⁴ who removed such a tumor, measuring 65 by 45 by 9 centimeters, from a negress thirty-nine years of age. Norris⁵ has described an ovarian dermoid complicated by an eighty-pound ovarian cyst, presumably of the pseudomucinous type.

Green-Armytage,⁶ Frank,⁷ Graves,⁸ and others remark that ovarian dermoids often occur in combination with pseudomucinous cysts, the two types being found either coexisting in the same ovary, or in contralateral ovaries. Arnsperger⁹ is quoted by Ewing,¹⁰ Koucky,¹¹ and others. He believes that 14 per cent of multilocular cystadenomata are associated with ovarian dermoids, either on the same or opposite side. There seems insufficient evidence at present to accept these figures at face value, as Arnsperger⁹ does not give enough details to war-

¹ Wilson, T.: Gelatinous Glandular Cysts of the Ovary and the So-called Pseudomyxoma of the Peritoneum, Proc. Roy. Med. Sect. Obst. and Gynec., 6:9-42, 1912-1913.

² Taylor, H. C., Jr.: Malignant and Semimalignant Tumors of the Ovary, Surg. Gynec. and Obst., 48:204, 1929.

³ Masson, J. C., and Hamrick, R. A.: Pseudomucinous Cystadenoma of Ovary: Analysis of Thirty Cases in Which Cysts Were not Ruptured Before Operation, Surg. Gynec. and Obstet., 50:752 (April), 1930.

⁴ Wilson, R. R., and Sims, T. J.: Dermoid Cyst of Ovary, Combined with Large Pseudomucinous Cyst, J. Kansas M. Soc., 32:151 (May), 1931.

⁵ Norris, quoted by Frank, R. T.: Reference No. 7.

⁶ Green-Armytage, V. B.: Postgraduate Surgery, Vol. 2, Section 4, on "Tumours of the Ovary," pp. 2641 and 2646, New York, D. Appleton-Century Company, 1936.

⁷ Frank, R. T.: "Gynecological and Obstetrical Pathology," p. 418, New York and London, D. Appleton & Company, 1922.

⁸ Graves, W. P.: "Gynecology," p. 344, Philadelphia and London, 1916.

⁹ Arnsperger, H.: Zur Lehre von den sogenannten Dermoidcysten des Ovarium, Virch. A., 156:1-36, 1899.

¹⁰ Ewing, J.: "Neoplastic Diseases," third edition, p. 656, Philadelphia and London, W. B. Saunders Company, 1923.

¹¹ Koucky, J. D.: Ovarian Dermoids: A Study of One Hundred Consecutive Cases, Ann. Surg., 81:821 (April), 1925.